CERTIFICATION - STAFF

INSTRUCTIONS FOR COMPLETION: FILL IN ALL BLANKS RESPONSIVE RECORDS.	S, AS APPROPRIATE.	THIS FORM IS TO BE SIGNI	ED BY STAFF MEMBERS COMPLETIN	IG A SEARCH FOR
The undersigned, on the staff of the(Title) certify to the(Regional Director, Assistant Director, Off	, that: fice Chief	(Region/Office)	, of the Fish and Wildlife Service do	es hereby
The undersigned has reviewed the request from, dated,	(Name) , which asks	Title and Na (Title and Na (Describe requeste	ame of Committee) ed records)	
2. The undersigned reviewed the certification checklist and the undersigned has (i) undertaken a good faith search for all records within the undersigneds possession or control, including each category of record listed on the attached checklist, (ii) answered accurately and completely all questions posed on such checklist and (iii) attached an accurate and complete signed copy of the checklist to this certification.				
3. CIRCLE THE APPROPRIATE ALTERNATIVE: The undersigned believes or has reason to believe that the records produced with this certification constitute all records responsive to the request within the possession or control of the undersigned. OR				
The undersigned believes or has reason to believe that there are no records responsive to the request within the possession or control of the undersigned, and, accordingly, has not produced any records.				
The following is information needed to calculate the Number of pages duplicated Cost for overnight mail \$				Region/Office:
Hours/Grades of Individuals Performing Work:	GRADE LEVEL	NUMBER OF HOUR	S TOTAL COST	
SIGNATURE PRINTE	D/TYPED NAME ANI	O TITLE	DATE	